

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714 M Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

NOV. 5, 1984

Department of Health Services
SHIPPER 13233
P.O. # 10914

STATE ID NUMBER

83410813

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

INTEGRATED NETWORKS (KITTY)

3183 Redhill

Costa Mesa, CA 92626

AREA CODE/PHONE NUMBER 213/641-9250

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAX1000055111

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.

12504 E. Whittier Blvd.

Whittier CA 90602

VEH./CONTAINER NO.

EPA ID NUMBER

4 2 705

C A D0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

C I A D I 04 2 245 10 0 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO.

WASTE
CAT. NO.

DISP.
METH.

Hazardous Waste, Liquid NOS. -ORM-E
(5120 SOLUTION)

N I A 9 1 B 9

G

01

DM

21

01

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

1,1,1 TRICHLOROETHANE, ISOPROPYL ALCOHOL

70

50

TRICHLOROTRIFLUOROETHANE

10

5

TRICHLOROFLOUROMETHANE

30

10

SOLDER FLUX

30

20

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR

11

17

84

Printed or typed full name and signature MIKE STEBBINS Mike Stebbins

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

ISAAC Woods Jr.

Printed or typed full name and signature

Isaac Woods Jr.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

C A D0 4 2 245 0 01

11

84

Printed or typed full name and signature

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS